

09-14~01 AF/GP2700
Express Mail Label No. EL825370508USTRANSMITTAL
FORM

Application Serial Number	09/140,862
Filing Date	August 27, 1998
First Named Inventor	Albert et al.
Group Art Unit	2673
Examiner Name	Lewis, D.
Attorney Docket No.	INK-006
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED
SEP 17 2001
Technology Center 2690

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input checked="" type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Exhibits A-B (in triplicate)
	<input type="checkbox"/> Amendment After Allowance	<input checked="" type="checkbox"/> Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences and/or Submission of Appeal Brief
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

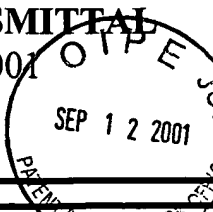
SIGNATURE BLOCK

Respectfully submitted,

Michael J. Bastian
Attorney for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

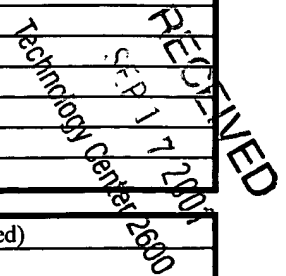
Date: September 12, 2001
Reg. No. 47,411
Tel. No.: (617) 248-7102
Fax No.: (617) 248-7100

SA

FEE TRANSMITTAL
FY 2001


Complete if Known

Application Serial Number	09/140,862
Filing Date	August 27, 1998
First Named Inventor	Albert et al.
Group Art Unit	2673
Examiner Name	Lewis, D.
Attorney Docket No.	INK-006


METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION**1. FILING FEE****Large Entity**

Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	
320	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	

Independent Claims	- 3 =		x \$ 80.00 =	
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☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL:
 SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$270.00 =

TOTAL: (\$)
 SMALL ENTITY DISCOUNT: (\$)
SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	55.00
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	155.00
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (Specify) _____			
Other fee (Specify) _____			

SUBTOTAL (3) (\$) 210.00**SUBTOTAL (1)** 0.00**SUBTOTAL (2)** 0.00**SUBTOTAL (3)** 210.00**TOTAL** (\$) 210.00**CORRESPONDENCE ADDRESS**

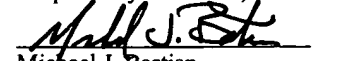
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Date: September 12, 2001
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Respectfully submitted,


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